Arunachal Pradesh, Sikkim, Nagaland, Manipur, Mizoram, Orissa, Meghalaya, Tripura, Bihar, Jharkhand, Uttaranchal, U.P., Madhya Pradesh, Rajasthan, Chhattisgarh, Himachal Pradesh and Jammu and Kashmir.

Task Group-3 Recommendations

4730. SHRI A. VIJAYARAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Task Group-3 recommendation would be a part of the National Rural Health Mission;

(b) if so, the details including steps proposed or to be taken to implement above recommendations and regions/districts covered under above programme, State-wise as on today;

(c) whether Task Group-3 report envisaged Indian Public Health Standards (IPHS), and prescribed a minimum functional rate of Community Health Centres;

(d) if so, the details thereof;

(e) whether there is any proposal for Community based social audit in IPHS; and

(f) if so, the details thereof alongwith the details of New Hospitals Registration System to be introduced for monitoring the functioning of hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) Task Group 3 has recommended strengthening of public health infrastructure through provision of CHC/PHC/SC as per 2001 population norm; maintenance and upgradation of existing infrastructure; pooled health manpower, quality norms and decentralization of processes for procurement and logistic arrangements. The Mission aims to address these issues in a systematic and phased manner, based on availability of funds.

(c) Yes, Sir.

(d) Task Group-3 has framed guidelines for the IPHS for CHCs aimed to provide quality health care services. The IPHS defines a minimal level of infrastructure, manpower, managerial services and quality benchmarks which shall be followed at CHC level.

(e) Yes, Sir.

(f) the Mission aims at promoting Hospital Management Society at CHC level for increased accountability to the Community.

Malaria Deaths in North-Eastern States

4731. SHRIMATI SYEDA ANWARA TAIMUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the North Eastern States report half of the country's malaria deaths;

(b) whether Government have initiated any plan to bring down the percentage of malaria deaths in North-Eastern States;

(c) if so, the details thereof;

(d) whether water-borne diseases are also quite prevalent in the North-Eastern region; and

(e) if so, the steps taken to control water borne diseases in this region?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The North Eastern States comprise around 4% of country's population and distribute around 8% of total malaria cases and about 20% deaths. As per reports received from the state Health authorities, total number of malaria cases have declined in N.E. States during the past few years. The details of malaria morbidity and mortality during the last four years in N.E. States are given below:—

Year	Positive Cases			A.P.I.**	Deaths
	Pv	Pf	Total		
2001	99165	107329	206494	5.29	211
2002	90711	89630	180341	4.59	162
2003	73517	83288	156805	3.93	169
2004*	31360	63534	94894	2.38	162

*Provisional

**Annual Parasite Incidence